
Enforcement sensitive information. Official use only. Shred/burn to dispose.

* * * COMPLIANCE MONITORING AND ENFORCEMENT INFORMED FORM * * *

Handler Name / ID / Address	S O N P V	Regulated Activities
JACKSONLEA A UNIT OF JASON INC	P	SG
CTD084784073 75 PROGRESS LN, WATERBURY		

NEW EVALUATION

Type Date Agy Br Prs Reason

(Circle areas evaluated)

BCE BDT BIS BPS BRR
GCP GEX GGR GHW GIS GLB GMC GMR GOR GPP
GPR GPT GRC GRR GSC GSQ GTM
DCH DCL DCP DEX DFR DGS DGW DHW DIA DIN
DIS DLB DLF DLT DMC DMI DMR DOP DOR DPB
DPP DPS DPR DPT DRC DRR DSC DSI DSS DTR
DTT DWA DWP
TEX TGR TMR TOR TRR TWD
CAS CSS FEA WOV

XSV 06/14/99 J 12

Comment: _____

- NEW VIOLATIONS -
If the New Violations you are reporting here were initially discovered in a previously-reported evaluation, indentify that Evaluation on the line below.

Previously-Reported Evaluation Type: ___ Date: ___/___/___ Agency: ___

Area Date Agy Br Prs Class/Priority

- - Compliance - -
Scheduled Actual

___/___/___ - ___/___/___

Regulation Type: ___ Citation: _____

Comment: _____

Addressed By Enforcement Action, below: ___/

___/___/___ - ___/___/___

Regulation Type: ___ Citation: _____

Comment: _____

Addressed By Enforcement Action, below: ___/

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

CT0084784073

II. Name of Installation (Include company and specific site name)

JACKSON LEA A UNIT OF JASON INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

75 PROGRESS LA

Street (continued)

City or Town

WATERBURY

State

ZIP Code

CT 06705-

County Code

County Name

NEW HAVEN

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

PO BOX 71

City or Town

WATERBURY

State

ZIP Code

CT 06720-0071

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

HELLER

(first)

RICHARD

Job Title

TECH DIR

Phone Number (area code and number)

203-753-5116

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

JASON INC

JAN 20 1994

Street, P.O. Box, or Route Number

411 E WISCONSIN AVE SUITE 2500

Waste Management

City or Town

MILWAUKEE

State

ZIP Code

WI 53202-

Phone Number (area code and number)

414-277-9300

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)
Month Day Year

01 00 94

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
- ☐ 4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☒
3. Reactive (D003) ☒
4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
- _____

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 D006	2 D007	3 D011	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1 CRO4	2 CRO5	3	4	5	6
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X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

[Signature]

NICK LITWIN G.M.

1/19/94

XI. Comments

Was Coca Cola

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

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United States Environmental Protection Agency

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(For Official Use Only)

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A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

II. Name of Installation (Include company and specific site name)

JACKSON LEA

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

Street (continued)

City or Town

State

ZIP Code

County Code

County Name

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

Job Title

Phone Number (area code and number)

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner (PROPERTY)

75 PROGRESS LA ASSOC LTD PARTNERSHIP

Street, P.O. Box, or Route Number

261 BRADLEY ST

City or Town

State

ZIP Code

NEW HAVEN

CT

06511

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

203-777-0506

P

P

Yes

No